

# THE STATEWIDE HEALTHCARE INNOVATION PLAN

#### **PURPOSE**

The Statewide Healthcare Innovation Plan (SHIP) will help evolve Idaho's healthcare delivery system from a fee-for-service, volume-based system to a value-based model where care reimbursement is based on improved health outcomes for all of Idaho.

#### **OBJECTIVES**

Four workgroups, including healthcare system stakeholders, will address the transformation objectives:

### 1. Network Structure and Medical Home Integration Work Group (Network)

- Propose a community-based model using care principles of medical homes integrated with other aspects of the healthcare system to improve health outcomes and access through care management and care coordination across an integrated system.
- Propose network model(s) that address healthcare access needs unique to urban, suburban, and rural settings, so all communities regardless of geographic location can benefit from better coordinated and managed healthcare.

### 2. Data Sharing, Interconnectivity, Analytics, and Reporting Work Group (HIT)

- Propose a strategy for developing a statewide HIT system that permits the analysis of claims, clinical quality, and utilization data.
- Ensure innovations are capable of collecting, aggregating, and analyzing data from primary care practices and other service providers, as well as from participating payers, to allow monitoring of clinical quality and outcomes, population health status, service utilization, and healthcare cost savings.
- Promote uniform metrics across payer systems and interoperability of different electronic medical record systems.

### 3. Quality Improvement Work Group (CQI)

- Propose the utilization of standard, evidence-based best practice guidelines for clinical practice and disease management to address patient population needs, including high-risk and high-cost patient populations statewide.
- Identify community resources, including provider networks (statewide) and professional development strategies that support appropriate, sustained use of HIT, transformation toward evidenced-based standard practice guidelines, and continuous quality improvement.

## 4. Multi-Payer Reimbursement Strategies Workgroup (Multi-Payer)

- Propose payment model(s) that support innovation and promote value (positive health outcomes) versus volume. Model(s) should reward improved health outcomes with payment methodologies that may incorporate capitated care, shared savings, per member per month payments, quality incentives, or other strategies that acknowledge health outcomes and efficient care and move away from current fee-for-service reimbursement.
- Seek support from commercial and public payers to ensure long range sustainability of the care delivery system.